

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

PROFIT CORP Filing Period: January . (FORM MUST BE TYPED OR	1 March 1 •	NNUAL REPOR Filing Fee: \$50.00	T FOR THE Y	EAR200	<u> </u>
1 Corporate ID No.	2. Name of Corpo	orution	•		
109590	Go! Graph	ics. Inc.			
3. Singer Addy Principal Busi O Depen		·	Providen	ce sinieR/	02907
4. Business Phone So. 7 9	3191	5. State of Incorporation RHODE ISLAND			6. SIC Code
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Street Address			Street Address		
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Director Same ON 2	SSES OF THE DIRE	CTORS: (*X" BOX FOR A	Director Name None	LL IN SPACES BEFORE US	ING ATTACHMENTS
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Director Name			Director is time		
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10. SHARES AUTHORIZ	ED ("X" BOX FOR	ATTACHMENT)	: 11. SHARES ISSUE ISSUED SHARES	ED ("X" BOX FOR ATTAC	HMENT) [
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date FILED
Check No. FEB 0 8 2005
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affiliated including any accompanying schedules and	•
contained the ein re true and correct.	1/5/05
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Print or Type Name of Officer President	
Title of Officer	



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PROFIT CORPOI	farch 1 • F	NNUAL REPOR'	FOR THE YEA	AR	04
FORM MUST BE TYPED OR PRIN	2. Name of Corpor	utlon			.
109590	Gol Graphic			101011	
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Husiness Phopic No. 7 8	191	5. State of Incorporation RHODE ISLAND			6. SIC Code
Brief Description of the Character TO OFFER GRAPHIC D	of Business Conducted ESIGN PRODUCT	d in Rhode Island ION AND CONSULTING SE	RVICESTO THE PUBLIC A	ND PRIVATE SECTORS.	
. NAMES AND ADDRESSES	OF THE OFFICE	ERS: ("X" BOX FOR ATT		S SPACES BEFORE USIN	NG ATTACHMENTS
residen Name	mala		Vice Pression Name		
irrog Addrys: 1	700.40		Street Address		
D 11.54 24 V	State	2197 > 126 /-	City	State	Zip
Lincoln] <i>R</i> /	202865			
Secretary Name			Treasure/Name		
Street Address			Street Address		
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O. NAMES AND ADDRESSES	Man	TORS: ("X BOX FOR AL	Director Jame Street Address	IN SPACES BEFORE US	- · · · · · · · · · · · · · · · · · · ·
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Incoln	State /	02865	. City	State	2ip
Director Name			Director Came		
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This report must be	signed in ink by	either the President, Vice	President, Secretary, Assis	stant Secretary, Treasure	r, Receiver or Trustee
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	1 0 9 5 9		Under penulty of including any acc	perjusy. I declare and affirm oppoanying schedules and s	n that I have examined this restatements, and that all states
File Date 1-6-0	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		contained herein	are true and correct.	12/2/102
	<u> </u>		Signyhure of Office	<u></u>	Date
Check No. 1069			CHI E	Trossma	h
Ву:			Print or Type Nam	e of Officer	
FOR SECRETARY OF S	TATE USE ONLY		Title of Officer	en (
			Time by Officer		

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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Titing Terrous Junuary					
(FORM MUST BE TYPED OR PRINT	TED IN BLACK)				
1. Corporate ID No.	2. Name of Corporati	on			•
109590	Go! Graphic	s, Inc.			
3. Street Address Principal Business 46 De Dew 4. Business Phone No.	Street	5. State of Incorporation	Providence	State R1	02907 6. SIC Code
401 467- 7. Brief Description of the Character		RHODE ISLAND			0
8. NAMES AND ADDRES	De Sigh Sisses of the Office	STUATO CERS (*X* BOX FOR ATTACH		BEFORE USING ATTAC	CHMENTS
President Name			Vice President Nume	•	
Street Address Ashley	vossmah Prive		Street Address	ne	
Lincoln	Vrive sin Fl	202865	City	State	Zip
Secretary Name	\wedge		Treasurer Name		
Street Address	one	_	Street Address	ne	
City	State	Zip	Gity	State	Zip
9. NAMES AND ADDRES Director Name Street Address	SSES OF THE DIRE	CTORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACE Director Name Street Address	ES BEFORE USING ATT	
City	State	Zip	City	State	Zip
Director Name			Director Name	/	
Street Address	ne		Street Address	one_	
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES			11. SHARES ISSUED (*		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			No	ne	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer

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File Date:	FILED
Check No.:	'JAN 1 0 2003
Ву:	By 6011 1047
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Form 630 12/02

Edward S. Inman, III. Secretary of State Corporations Division Jorth Main Street. Providence. RI 02903-1335

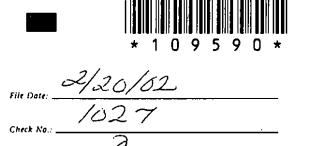
100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002



(FORM MUST BE TYPED IN BLACK) 1. Carparate ID No. 2. Name of Corporation 109590 Go! Graphics, Inc. Providence RI 5. State of Incorporation **RHODE ISLAND** Character of Business Conducted in Rhode Island 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Street Address State Zip Street Address Street Address City City State 210 State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Zip Director Name Street Address Street Address City Zip City State Zip State 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARIS Number of Shares Number of Shares Class/Series Class/Series Par Value 100 No Par Volue 1,000 NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying a	chedutes and statements, and
that all statements contained herein are tr	ue and correct.
124	2/10/02
Signature of Officer	Date
Gil Grossmar	7
Print or Type Name of Officer	
President	
Title of Officer	
-€7736- S	Form 630 12/01

Filing Period: January 1-March 1 • Filing Fee: \$50.00

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 109590 Go! Graphics, Inc. Providence RI 3. Street Address Principal Business Office RHODE ISLAND Character of Business Conducted in Rhode Island 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS** E. Grossman None Street Address Clly Zio Treasurer Name None City State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Grossman None Street Address Director Name None Street Address Zio City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUFED SHARES AUTHORIZED SHARES Class/Series Par Value Number of Shares Number of Shares Class/Series 1,000 NO PAR VALUE No ParValue 100 Common

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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File Date:	gan 11
Check No.:	1014
Ву:	2.
	OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined
this report, including any accompanying schedules and statements, an
that all statements contained herein are true and correct.
Ah 1/4/01
Signature of Officer Date
Gilbert E. Grossman
Print of Type Name of Officer
President
Title of Officer